

<i>SERFF Tracking Number:</i>	<i>SYMT-127363220</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49647</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>LIA-25 7/11 - Advantage and Freedom Annuity Applications</i>		
<i>Project Name/Number:</i>	<i>Immediate Annuity Application/</i>		

## Filing at a Glance

Company: Symetra Life Insurance Company	
Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications	SERFF Tr Num: SYMT-127363220 State: Arkansas
TOI: A05I Individual Annuities- Immediate Non-Variable	SERFF Status: Closed-Approved-Closed State Tr Num: 49647
Sub-TOI: A05I.000 Annuities - Immediate Non-variable	Co Tr Num: State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird
	Disposition Date: 09/02/2011
	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval	Implementation Date:
State Filing Description:	

## General Information

Project Name: Immediate Annuity Application	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/02/2011
	State Status Changed: 09/02/2011
Deemer Date:	Created By: Doug Geraci
Submitted By: Doug Geraci	Corresponding Filing Tracking Number:
Filing Description:	
Symetra Life Insurance Company	
NAIC# 1129-68608	
FEIN# 91-0742147	
RE:	
Symetra Life Insurance Company	

SERFF Tracking Number: SYMT-127363220 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 49647  
Company Tracking Number:  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications  
Project Name/Number: Immediate Annuity Application/  
NAIC No. 1129-68608, FEIN: 91-0742147

Included Forms:

LIA-25 7/11 – Single Premium Immediate Annuity Application  
LIA-75 7/11 – Single Premium Deferred Payout Annuity Application

Dear Sir or Madam:

We are submitting a copy of the final version of the above referenced forms for your review and request that they be reviewed as part of this submission.

For electronic application forms, LIA-25 7/11 and LIA-75 7/11, all of the information, except the signature, will be entered into the computer by the agent with the client present. Once all the questions on all the screens have been answered, then the application will auto-populate with the answers. The application will then be submitted by the Agent who sends it to our third party vendor SIGNix who captures the signature electronically. The Owner receives an email from SIGNix inviting them to access and sign the application. The signed application replaces the original and is then transmitted to Symetra Life. Our current process regarding replacements will not change. All replacement business requires original transfer paperwork to be submitted which would include the required state replacement form and a transfer form, both of which would have the client's wet signature on the forms.

Included in Supporting Documentation are two PDF files containing printouts of every screen used in the electronic application process.

The forms are submitted in final printed form and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing. At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in these forms in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change to the specific content of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard. We intend to introduce these forms in your state once approval has been received.

A Statement of Variability is included with this submission.

SERFF Tracking Number: SYMT-127363220 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 49647  
Company Tracking Number:  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications  
Project Name/Number: Immediate Annuity Application/

Forms to be used with form LIA-25 7/11 include:

Form Number / Form Name / Date Approved, Deemed, Filed

LIA-26 7/00 / Single Premium Immediate Annuity - Qualified / 12/12/00  
LIA-27 7/00 / Single Premium Immediate Annuity - non-Qualified / 12/12/00

Forms to be used with form LIA-75 7/11 include:

Form Number / Form Name / Filing Number / Date Approved, Deemed, Filed

LIA-76 2/08 / Deferred Payout Annuity Contract without a Death Benefit provision / SYMX-125515830 / 04/08/08  
LIA-80 3/08 / Deferred Payout Annuity Contract with a Death Benefit provision / SYMX-125515830 / 04/08/08

Thank you for your consideration of this submission.

Doug Geraci  
Insurance Compliance Analyst  
Symetra Life Insurance Company  
800-796-3872 extension 66335

## Company and Contact

### Filing Contact Information

Doug Geraci, Insurance Compliance Analyst II doug.geraci@symetra.com  
777 108th Avenue NE, Suite 1200 425-256-6335 [Phone]  
Bellevue, WA 98004 425-256-5466 [FAX]

### Filing Company Information

Symetra Life Insurance Company	CoCode: 68608	State of Domicile: Washington
777 108th Ave NE, Suite 1200	Group Code: 1129	Company Type: Insurance
Bellevue, WA 98004-5135	Group Name:	State ID Number:
(800) 796-3872 ext. [Phone]	FEIN Number: 91-0742147	

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SERFF Tracking Number: SYMT-127363220 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 49647  
Company Tracking Number:  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications  
Project Name/Number: Immediate Annuity Application/

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Each application if filed separate from the basic policy:

$\$50.00 \times 2 = \$100.00$

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$100.00	08/26/2011	51003450

SERFF Tracking Number:	SYMT-127363220	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	49647
Company Tracking Number:			
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	LIA-25 7/11 - Advantage and Freedom Annuity Applications		
Project Name/Number:	Immediate Annuity Application/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/02/2011	09/02/2011

*SERFF Tracking Number:* SYMT-127363220 *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company *State Tracking Number:* 49647  
*Company Tracking Number:*  
*TOI:* A05I Individual Annuities- Immediate Non- *Sub-TOI:* A05I.000 Annuities - Immediate Non-variable  
Variable  
*Product Name:* LIA-25 7/11 - Advantage and Freedom Annuity Applications  
*Project Name/Number:* Immediate Annuity Application/

## Disposition

Disposition Date: 09/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMT-127363220 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 49647

Company Tracking Number:

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable

Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications

Project Name/Number: Immediate Annuity Application/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Screen prints of the electronic applications		Yes
Form	Single Premium Immediate Annuity Application		Yes
Form	Single Premium Deferred Payout Annuity Application		Yes

SERFF Tracking Number: SYMT-127363220 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 49647

Company Tracking Number:

TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications

Project Name/Number: Immediate Annuity Application/

## Form Schedule

### Lead Form Number: LIA-25 7/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LIA-25 7/11	Application/ Single Premium Enrollment Immediate Annuity Form Application	Initial		50.500	LIA_0025_711.pdf
	LIA-75 7/11	Application/ Single Premium Enrollment Deferred Payout Form Annuity Application	Initial		50.300	LIA_0075_711.pdf



## [ADVANTAGE INCOME]

### Single Premium Immediate Annuity Application

Page 1 of [3]

<b>A. Contract Type</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
<b>B. Transfer Information</b>	<input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-Direct Rollover <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Roth Transfer
<b>C. Purchase Payment</b>	\$_____ Minimum [\$5,000-\$10,000]
<b>D. Payment Start Date</b>	____/____/____
<b>E. Annuity Payment Frequency</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
<b>F. Annuity Payment Amount</b>	\$_____
<b>G. Annual Payment Increase</b> (optional)	_____ % [up to .1% - 6½%]

**H. Payout Option**

(select one)

*If you choose a Life option, proof of age, such as a Driver's License, Passport or Birth Certificate must be submitted*

- ☐ Period Certain – Payments guaranteed for a certain period.  
Number of Years: \_\_\_\_\_ [minimum 3- 5 year period]
- ☐ Single Life – Payments for the Annuitant's life. No payments are guaranteed under this option.
- ☐ Single Life with Period Certain – Payments for the longer of the Annuitant's life or the certain period.  
Number of Years Certain: \_\_\_\_\_
- ☐ Single Life with Installment Refund – Payments for the Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase payment has been recovered.  
Calculated number of certain payments: \_\_\_\_\_
- ☐ Single Life with Cash Refund – Payments for the Annuitant's life. Beneficiary receives unrecovered Purchase Payment in lump sum.

**If choosing one of the Joint options, please indicate a survivorship percentage.**

If Annuitant survives, continue payments at \_\_\_\_\_% [(25% - 100%)]

If Joint Annuitant survives, continue payments at \_\_\_\_\_% [(25% - 100%)]

- ☐ Joint and Survivor Life – Payments for the Annuitant's and Joint Annuitant's life. The payments continue at the survivorship percentage until the surviving Annuitant dies.
- ☐ Joint and Survivor Life with Period Certain – Payments for the longer of the Annuitant's life, the Joint Annuitant's life, or the certain period.  
Number of Years Certain: \_\_\_\_\_
- ☐ Joint and Survivor Life with Installment Refund – Payments for the Annuitant's and Joint Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered.  
Calculated number of certain payments: \_\_\_\_\_
- ☐ Joint and Survivor Life with Cash Refund – Payments for the Annuitant's and Joint Annuitant's life. Beneficiary receives Unrecovered Purchase Payment in a lump sum.

**I. Owner**

(Owner must be  
Annuitant for  
Qualified)  
Maximum issue age  
[85-100]

Name (first, middle initial, last)				SSN or TIN	
Address			City	State	Zip
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		
Trust <input type="checkbox"/>	Type of Owner (e.g. Individual, Joint, Trust, Corporation, Partnership, Guardianship, Custodian)				

**J. Joint Owner**

(Non-Qualified  
only)  
Maximum issue age  
[85-100]

Name (first, middle initial, last)				SSN or TIN	
Address			City	State	Zip
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**K. Annuitant**

(if other than  
the Owner)  
Maximum issue age  
[85-100]

Name (first, middle initial, last)				SSN or TIN	
Address			City	State	Zip
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**L. Joint Annuitant**

(if other than  
the Joint Owner)  
Maximum issue age  
[85-100]

Name (first, middle initial, last)				SSN or TIN	
Address			City	State	Zip
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**M. Beneficiaries**

Percentage must  
total 100% for  
each category  
  
P - primary  
C - contingent

	Name (first, middle initial, last)	Date of Birth	SSN or TIN	Relationship to Owner	Percentage(%)
<input type="checkbox"/> P					
<input type="checkbox"/> P					
<input type="checkbox"/> C					
<input type="checkbox"/> P					
<input type="checkbox"/> C					

Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group — e.g. "All Children of Owner" Do not use "per stirpes" designation.

**N. Commutation to Beneficiary Option**

(required in MD if  
Period Certain only)

If the last Annuitant dies before the end of the Period Certain, the Beneficiary may request a commuted value of remaining guaranteed payments. Applies only if Period Certain or Installment Refund is included. Not available with Cash Refund option.

Do you wish to include this option? ☐ Yes ☐ No

**O. Owner Statements**

1. Do you have any existing life insurance or annuity contracts with this or any other company? ☐ Yes ☐ No

2. Will this contract replace any existing annuity or insurance contract with this or any other company? ☐ Yes ☐ No

If yes, please complete the following and complete and attach appropriate state-required replacement forms to this application:

Policy No.	Type	Company Name
Policy No.	Type	Company Name

**3. Federal/State Withholding Election:**

☐ Elect Federal Income Tax Withholding: Withhold at a rate of \_\_\_\_\_% (not less than 10%) from each annuity payment.

☐ Waive Federal Income Tax Withholding: I elect to waive Federal Income Tax withholding. I understand I am liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

☐ You will be subject to state income tax withholding if you elect Federal withholding and reside in a mandatory state.

Elect to withhold State Income Tax? ☐ Yes ☐ No

Withhold \_\_\_\_\_% of my taxable distribution or \_\_\_\_\_% of my Federal Income Tax.

**O. Owner Statements**  
(continued)

## 4. Payment Instructions:

- ☐ Mail Check to the ☐ Owner ☐ Annuitant  
☐ at the address listed on page two ☐ at the following address:

Address

- ☐ Direct Deposit into ☐ Checking Account ☐ Savings Account (voided check or deposit slip must be attached)

I authorize Symetra Life Insurance Company, to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated above. I understand that if a debit or withdrawal is not honored by the financial institution, Symetra Life Insurance Company will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Symetra Life Insurance Company at its sole discretion. This authorization will remain in effect until written notice by the depositor/card holder is received by Symetra Life Insurance Company.

5. Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

 SIGN AND DATE

Owner's Signature

Signed in State

Date

Joint Owner's Signature (if applicable)

Signed in State

Date

**P. Agency/ Insurance Producer Statements**

1. Does the owner have any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes ☐ No

2. Will this contract replace any existing annuity or insurance contract with this or any other company?

☐ Yes ☐ No If yes, I have attached state-required replacement forms.

3. Agency's explanation of how this contract serves the Owner's needs:

☐ Needs defined income stream

☐ Other / Additional information, please explain:

4. Mail Contract directly to: ☐ Owner ☐ Insurance Producer's office for delivery to Owner

5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief and that I have truly and accurately recorded on the application the information provided by the applicant.

- [6. I certify that I have verified the identity of each Owner by reviewing a government-issued photo identification.]

 SIGN AND DATE

Licensed Primary Producer's Signature

Agency Name and Phone Number

Licensed Producer (print name)

State License Number

Producer Number

Signed (county)

State

Date

**Q. Fraud Warning**

**For Residents of Other States not listed below:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**R. Home Office Use Only**

**[FREEDOM INCOME]**

**Single Premium Deferred Payout Annuity Application**

Page 1 of [4]

<b>A. Contract Type</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
<b>B. Transfer Information</b>	<input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-Direct Rollover <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Direct Transfer [ <input type="checkbox"/> Roth Transfer]
<b>C. Purchase Payment</b>	\$ _____ <i>Minimum [\$5,000 – \$20,000]</i>
<b>D. Payment Start Date</b>	____/____/____ [No more than [45-60] years from purchase date OR age [85-100], whichever occurs first]
<b>E. Annuity Payment Frequency</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
<b>F. Annuity Payment Amount</b>	\$ _____
<b>G. Annual Payment Increase</b> <i>(optional)</i>	_____ % <i>[Up to .1%- 6½%]</i>
<b>H. Payout Option</b>  <i>To be paid only if Owner and Annuitant are alive on Payment Start Date.</i>  <i>(select one)</i>  <i>If you choose a Life option, proof of age, such as a Driver's License, Passport or Birth Certificate must be submitted</i>	<input type="checkbox"/> Period Certain – Payments guaranteed for a certain period. Number of Years: _____ <i>[minimum 3- 5 year period]</i>  <input type="checkbox"/> Single Life – Payments for the Annuitant's life. No payments are guaranteed under this option.  <input type="checkbox"/> Single Life with Period Certain – Payments for the longer of the Annuitant's life or the certain period. Number of Years Certain: _____  <input type="checkbox"/> Single Life with Installment Refund – Payments for the Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase payment has been recovered. Calculated number of certain payments: _____  <input type="checkbox"/> Single Life with Cash Refund – Payments for the Annuitant's life. Beneficiary receives unrecovered Purchase Payment in lump sum.
<b>If choosing one of the Joint options, please indicate a survivorship percentage.</b> If Annuitant survives, continue payments at _____ % <i>[(25% - 100%)]</i> If Joint Annuitant survives, continue payments at _____ % <i>[(25% - 100%)]</i>  <input type="checkbox"/> Joint and Survivor Life – Payments for the Annuitant's and Joint Annuitant's life. The payments continue at the survivorship percentage until the surviving Annuitant dies.  <input type="checkbox"/> Joint and Survivor Life with Period Certain – Payments for the longer of the Annuitant's life, the Joint Annuitant's life, or the certain period. Number of Years Certain: _____  <input type="checkbox"/> Joint and Survivor Life with Installment Refund – Payments for the Annuitant's and Joint Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered. Calculated number of certain payments: _____  <input type="checkbox"/> Joint and Survivor Life with Cash Refund – Payments for the Annuitant's and Joint Annuitant's life. Beneficiary receives Unrecovered Purchase Payment in a lump sum.	

**I. Owner**

Maximum issue age  
[85-100]

For Qualified, Owner must be Annuitant.

[For Non-Qualified, if Owner is a natural person, Owner must be Annuitant.]

Name (first, middle initial, last)			SSN or TIN	
Address		City	State	Zip
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		
Trust <input type="checkbox"/>	Type of Owner (e.g. Individual, Joint, Trust, Corporation, Partnership, Guardianship, Custodian)			

**J. Joint Owner**

Maximum issue age  
[85-100]

Optional, Non-Qualified Only.

[Joint Owner must be spouse of Owner. Must also be named Joint Annuitant.]

Name (first, middle initial, last)			SSN or TIN	
Address		City	State	Zip
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**K. Annuitant**

(if other than  
the Owner)

Maximum issue age  
[85-100]

Name (first, middle initial, last)			SSN or TIN	
Address		City	State	Zip
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**L. Joint Annuitant**

(if other than  
the Joint Owner)

Maximum issue age  
[85-100]

Name (first, middle initial, last)			SSN or TIN	
Address		City	State	Zip
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)		

**M. Death Benefit Option**

(select one)

☐ **No Death Benefit During Deferral Period**

This option provides no death benefit prior to the Payment Start Date. Annuity payments will be larger with this option compared to a plan with Death Benefit. **Cash Refund, Installment Refund or Period Certain Payments will not be made if Owner or Annuitant dies prior to Payment Start Date.**

☐ **Provide Death Benefit During Deferral Period**

This option provides a death benefit if an Owner or Annuitant dies prior to the Payment Start Date. This option lowers your annuity payments.

**N. Beneficiaries**

Percentage must  
total 100% for  
each category

P - primary  
C - contingent

	Name (first, middle initial, last)	Date of Birth	SSN or TIN	Relationship to Owner	Percentage(%)
<input type="checkbox"/> P					
<input type="checkbox"/> P					
<input type="checkbox"/> C					
<input type="checkbox"/> P					
<input type="checkbox"/> C					

Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group — e.g. "All Children of Owner" Do not use "per stirpes" designation.

**O. Commutation to Beneficiary Option**

(Not available in WA.  
Required in MD if  
Period Certain only)

If the last Annuitant dies on or after the Payment Start Date and before the end of the Period Certain, the Beneficiary may request a commuted value of remaining guaranteed payments. Applies only if Period Certain or Installment Refund is included. Not available with Cash Refund option.

Do you wish to include this option? ☐ Yes ☐ No

**P. Owner Statements**

- Do you have any existing life insurance or annuity contracts with this or any other company? ☐ Yes ☐ No
  - Will this contract replace any existing annuity or insurance contract with this or any other company? ☐ Yes ☐ No
- If yes, please complete the following and complete and attach appropriate state-required replacement forms to this application:

Policy No.	Type	Company Name
Policy No.	Type	Company Name

**P. Owner Statements**  
(continued)

## 3. Federal/State Withholding Election:

- ☐ Elect Federal Income Tax Withholding: Withhold at a rate of \_\_\_\_\_% (not less than 10%) from each annuity payment.
- ☐ Waive Federal Income Tax Withholding: I elect to waive Federal Income Tax withholding. I understand I am liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.
- ☐ You will be subject to state income tax withholding if you elect Federal withholding and reside in a mandatory state.

Elect to withhold State Income Tax? ☐ Yes ☐ No

Withhold \_\_\_\_\_% of my taxable distribution or \_\_\_\_\_% of my Federal Income Tax.

## 4. Payment Instructions:

- ☐ Mail Check to the ☐ Owner ☐ Annuitant  
☐ at the address listed on page two ☐ at the following address:

Address

- ☐ Direct Deposit into ☐ Checking Account ☐ Savings Account (voided check or deposit slip must be attached)

I authorize Symetra Life Insurance Company, to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated above. I understand that if a debit or withdrawal is not honored by the financial institution, Symetra Life Insurance Company will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Symetra Life Insurance Company at its sole discretion. This authorization will remain in effect until written notice by the depositor/card holder is received by Symetra Life Insurance Company.

5. Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

 **SIGN AND DATE**

Owner's Signature

Signed in State

Date

Joint Owner's Signature (if applicable)

Signed in State

Date

**Q. Agency/ Insurance Producer Statements**

1. Does the owner have any existing life insurance policies or annuity contracts with this or any other company?  
☐ Yes ☐ No
2. Will this contract replace any existing annuity or insurance contract with this or any other company?  
☐ Yes ☐ No If yes, I have attached state-required replacement forms.
3. Agency's explanation of how this contract serves the Owner's needs:  
☐ Needs defined income stream  
☐ Other: / Additional information, please explain.

4. Mail Contract directly to: ☐ Owner ☐ Insurance Producer's office for delivery to Owner

5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief and that I have truly and accurately recorded on the application the information provided by the applicant.

- [6. I certify that I have verified the identity of each Owner by reviewing a government-issued photo identification.]

 **SIGN AND DATE**

Licensed Primary Producer's Signature

Agency Name and Phone Number

Licensed Producer (print name)

State License Number

Producer Number

Signed (county)

State

Date

---

**R. Fraud  
Warning**

**For Residents of Other States not listed below:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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**S. Home Office  
Use Only**

SERFF Tracking Number: SYMT-127363220 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 49647  
Company Tracking Number:  
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Variable  
Product Name: LIA-25 7/11 - Advantage and Freedom Annuity Applications  
Project Name/Number: Immediate Annuity Application/

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See the attached flesch score certification. <b>Attachment:</b> AR_LIA-25_0711_Flesch_Score_Certification_20110810.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> This is an application filing. Please see the Form Schedule tab for the applications included with this filing.		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> Not applicable. <b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> LIA-25_0711_LIA-75_0711_SOV_20110817.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Screen prints of the electronic applications		



*SERFF Tracking Number:* SYMT-127363220 *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company *State Tracking Number:* 49647  
*Company Tracking Number:*  
*TOI:* A05I Individual Annuities- Immediate Non- *Sub-TOI:* A05I.000 Annuities - Immediate Non-variable  
Variable  
*Product Name:* LIA-25 7/11 - Advantage and Freedom Annuity Applications  
*Project Name/Number:* Immediate Annuity Application/

**Comments:**

**Attachments:**

Screen\_Prints\_Advantage\_Income\_Application.pdf

Screen\_Prints\_Freedom\_Income\_Application.pdf

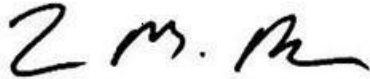
## **Symetra Life Insurance Company**

### Flesch Score Certification

SERFF Filing Number: SYMT-127363220

As required by the standards applicable for this product, I certify that the forms listed below meet the minimum Flesch score of 50.

<u>Form</u>	<u>Flesch</u>
LIA-25 7/11	50.5
LIA-75 7/11	50.3



Thomas M. Marra  
President  
Symetra Life Insurance Company  
August 5, 2011

## Statement of Variability

Symetra Life Insurance Company  
NAIC # 68608/ FEIN #91-0742147

August 18, 2011

Forms: LIA-25 7/11 – Single Premium Immediate Annuity Application  
LIA-75 7/11 – Single Premium Deferred Payout Annuity Application

The variability for bracketed items in the above-referenced forms is provided below. This Statement of Variability reflects bracketing of items that will vary based upon policy specific information. In addition, this Statement of Variability also reflects bracketing of items that Symetra Life Insurance Company might vary within the range provided for future issues without requiring a re-filing. We have bracketed these items so we may more quickly respond to changes in the market, in company experience, or in the regulatory environment. Any changes made in such items will be determined based on sound actuarial practice and administered in a uniform and non-discriminatory manner. With the exception of the current Company and address, such variable information will not be changed for issued policies, only for new issues.

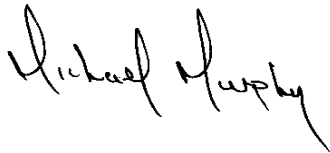
<b>LIA-25 7/11 – Single Premium Immediate Annuity Application</b>		
<b>Field</b>	<b>Range</b>	<b>Explanation of Variation</b>
[Company Address and phone number]	N/A	The company address and telephone number (changes infrequently)
[Page Number]	N/A	The number of pages in the application may increase due to an increase in line spacing or font size.
[Product Name]	N/A	Displays the current marketing name for the product.
[Roth Transfer]	ROTH IRAs	The Roth IRA plan type may vary based on marketing segment or future changes in tax law.
[Minimum Purchase Payment]	\$5,000 - \$10,000	Displays the minimum single Purchase Payment amount.
Annual Payment Increase	.1% to 6 ½ % per year	Displays the optional annual payment increase per year. The amount is chosen at the time of application.
Period Certain	3-5 years	The minimum number of years in which payments are guaranteed. Chosen at the time of application.
Annuitant - Joint and Survivor Life Payout Option Survivorship Percentage	25% - 100%	If choosing one of the Joint options, survivorship payments will continue at the chosen percentage. Chosen at the time of application.
Joint Annuitant - Joint and Survivor Life Payout Option Survivorship Percentage	25% - 100%	If choosing one of the Joint options, survivorship payments will continue at the chosen percentage. Chosen at the time of application.
Owner - Maximum Issue Age	85 - 100	The maximum issue age for the owner.
Joint Owner - Maximum Issue Age	85 – 100	The maximum issue age for the joint owner.
Annuitant - Maximum Issue Age	85 – 100	The maximum issue age for the annuitant.
Joint Annuitant -	85 - 100	The maximum issue age for the joint annuitant.

Maximum Issue Age		
[I certify that I have verified the identity of each Owner by reviewing a government-issued photo identification.]	N/A	While this statement is not currently mandated by the Office of Foreign Assets Control (OFAC), if at some time in the future they require it, we will add this statement to the application. Until that time, this statement will not be included in the application.
<b>LIA-75 7/11 – Single Premium Deferred Payout Annuity Application</b>		
<b>Field</b>	<b>Range</b>	<b>Explanation of Variation</b>
[Company Address and phone number]	N/A	The company address and telephone number (changes infrequently)
[Page Number]	N/A	The number of pages in the application may increase due to an increase in line spacing or font size.
[Product Name]	N/A	Displays the current marketing name for the product.
[Roth IRA]	ROTH IRAs	The Roth IRA plan type may vary based on marketing segment or future changes in tax law.
[Minimum Purchase Payment]	\$5,000 to \$20,000	Displays the minimum single Purchase Payment amount.
Payment Start Date	45 - 60 85 - 100	The number of years from the purchase date or the age of the applicant, whichever occurs first.
Annual Payment Increase	.1% to 6 ½ % per year	Displays the optional annual payment increase per year. The amount is chosen at the time of application.
Period Certain	3-5 years	The minimum number of years in which payments are guaranteed. Chosen at the time of application.
Annuitant - Joint and Survivor Life Payout Option Survivorship Percentage	25% - 100%	If choosing one of the Joint options, survivorship payments will continue at the chosen percentage. Chosen at the time of application.
Joint Annuitant - Joint and Survivor Life Payout Option Survivorship Percentage	25% - 100%	If choosing one of the Joint options, survivorship payments will continue at the chosen percentage. Chosen at the time of application.
Owner	N/A	The bracketed language was added to reinforce the contract requirements for consumers and to prevent misunderstanding. Currently, for non-qualified contracts the Owner must be the Annuitant. However, this could change in the future, and the Owner could be other than the Annuitant. In this case, the bracketed language will be removed and no other language will be substituted.
Joint Owner	N/A	The bracketed language was added to reinforce the contract requirements for consumers and to prevent misunderstanding. Currently, a Joint Owner must be the spouse or (in some states) the Civil Union Partner of the Owner and must also be named Joint Annuitant. However, this could

		change in the future, and the Joint Owner could be other than the Owner's spouse or Civil Union Partner. In this case, the bracketed language will be removed and no other language will be substituted.
Owner - Maximum Issue Age	85 - 100	The maximum issue age for the owner.
Joint Owner - Maximum Issue Age	85 – 100	The maximum issue age for the joint owner.
Annuitant - Maximum Issue Age	85 – 100	The maximum issue age for the annuitant.
Joint Annuitant - Maximum Issue Age	85 - 100	The maximum issue age for the joint annuitant.
[I certify that I have verified the identity of each Owner by reviewing a government-issued photo identification.]	N/A	While this statement is not currently mandated by the Office of Foreign Assets Control (OFAC), if at some time in the future they require it, we will add this statement to the application. Until that time, this statement will not be included in the application.

#### **CERTIFICATION**

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.



Michael Murphy  
Vice President  
Symetra Life Insurance Company

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# ANNUITYNET

A Product of EBXEXCHANGE

NEW APPLICATION

**PATH**

- ✓ Investment Professional Selection
- ✓ Distributor
- ✓ State
- ✓ Carrier / Product
- ✓ Account Designation / Plan / Owner Selection
- ✓ Benefits
- ✓ Individual Owner
- ✓ Joint Owner
- Beneficiaries
  - ✓ Beneficiary 1
- Payment 1
  - ✓ Detail
  - ✓ Payment Summary
  - ✓ Initial Premium
  - ✓ Investment Professional
  - ✓ Suitability
  - Verify
- Transaction Detail
- Transaction Comment Entry and Summary

**Carrier and Product Selection**

Carrier*	Product*
Symetra	Advantage Income
	Custom 5 Annuity
	Custom 7 Annuity
	Focus Deferred Variable Annuity
	Freedom Income
	Income Builder
	Select Annuity
	Spinnaker Advisor Variable Annuity
	Symetra Edge Fixed Indexed Annuity
	Symetra Edge Pro Fixed Indexed Annuity

previous close & save next

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NEW APPLICATION

PATH

Investment Professional Selection

Distributor

State

Carrier / Product

Account Designation / Plan / Owner Selection

Benefits

Individual Owner

Joint Owner

Beneficiaries

Beneficiary 1

Payment 1

Detail

Payment Summary

Initial Premium

Investment Professional

Suitability

Verify

Transaction Detail

Transaction Comment Entry and Summary

Account Designation, Plan, and Owner Type Selection

Account Designation\*

Joint

Owner

Trust

UTMA / UGMA

Plan Type\*

Non Qualified

Traditional IRA

Owner Type\*

Corporation

Person

Trust

1. Joint: jointly owned with rights of survivorship - Joint Account Designation requires that the contract have joint owners.

2. Owner: owned by the beneficial owner for a non-qualified contract. Joint owners are not precluded.

3. Trust: held in trust for the beneficial owner - the owner entity type is always Trust. However, sometimes the owner Entity Type may be Trust, and the account designation may be other than Trust such as Owner.

4. UGMA/UTMA: held for the benefit of the minor (annuitant) according to the Uniform Gift to Minors Act.

Do you own any life insurance policies or annuities?\*

☐ Yes

☒ No

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# ANNUITYNET

A Product of BEXCHANGE

## NEW APPLICATION

**PATH**

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits**
- Individual Owner
- Beneficiaries
- Beneficiary 1
- Payment 1
- Detail
- Payment Summary
- Initial Premium
- Investment Professional
- Suitability
- Verify

[Transaction Detail](#)

[Transaction Comment Entry and Summary](#)

**Benefits Selection**

**Annuitization Options\***

- ☐ Single Life with Period Certain
- ☒ Single Life
- ☐ Single Life with Installment Refund
- ☐ Single Life with Cash Refund
- ☐ Joint Life
- ☐ Joint and Survivor Life with Installment Refund
- ☐ Joint and Survivor Life with Cash Refund
- ☐ Joint and Survivor Life with Period Certain
- ☐ Period Certain

**Riders**

Administrative Rider - Commutation to Beneficiary Option\*

- ☐ Yes
- ☒ No

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Transaction Wizard

**PATH**

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner
  - Payment 1
    - Detail
    - Payment Summary
    - Initial Premium
    - Annuitization Payout
  - Annuitization Payee 1
    - Detail
  - Annuitization Payee 2
    - Detail
    - Payee Summary
    - Information
  - Investment Professional
  - Suitability
  - Verify
- Transaction Detail
- Transaction Comment Entry and Summary

**Individual Owner**

First Name\* John

Middle Name

Last Name\* Doe

Suffix

Gender\* ☒ Male ☐ Female

Date of Birth\* 09211990 (MMDDYYYY format)

Social Security Number\* 333222222 (no dashes)

Physical Street Address (APO or FPO is acceptable) - Required by Patriot Act

Address\* 191 Main St

City\* Nashua

State\* Nebraska

Zip Code\* 01011 (Zip or Zip+4, no dashes)

Mailing Address (if different from above)

Address

City

State

Zip Code (Zip or Zip+4, no dashes)

Phone Number (no dashes, parentheses, or extensions)

Email Address

Citizenship\* United States



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Transaction Wizard

[Payment Summary](#)  
[Initial Premium](#)  
[Annuitization Payout](#)  
[Annuitization Payee 1](#)  
[Detail](#)  
[Annuitization Payee 2](#)  
[Detail](#)  
[Payee Summary](#)  
[Information](#)  
[Investment Professional](#)  
[Suitability](#)  
[Verify](#)  
[Transaction Detail](#)  
[Transaction Comment](#)  
[Entry and Summary](#)

Date of Birth\* 09211990 (MMDDYYYY format)

Social Security Number\* 333222222 (no dashes)

Physical Street Address (APO or FPO is acceptable) - Required by Patriot Act

Address\* 191 Main St

City\* Nashua

State\* Nebraska

Zip Code\* 01011 (Zip or Zip+4, no dashes)

Mailing Address (if different from above)

Address

City

State

Zip Code (Zip or Zip+4, no dashes)

Phone Number (no dashes, parentheses, or extensions)

Email Address

Citizenship\* United States

**Regarding Annuitants**  
For the selected account designation / plan type, the annuitant must be the same as the owner.

Is there a Joint Annuitant?\*

☐ Yes

☒ No

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ANNUITYNET

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NEW APPLICATION

PATH

Investment Professional Selection

Distributor

State

Carrier / Product

Account Designation / Plan / Owner Selection

Benefits

Individual Owner

Payment 1

Detail

Payment Summary

Initial Premium

Annuitization Payout

Annuitization Payee 1

Detail

Annuitization Payee 2

Detail

Payee Summary

Information

Investment Professional

Suitability

Verify

Transaction Detail

Transaction Comment Entry and Summary

Detail

Money Form\*

New Money / Contribution

Money Form Descriptions

1. New Money / Contribution: New money or a new contribution into an annuity that is not part of a tax free exchange from another life or annuity policy, IRA or other qualified retirement plan.

2. 1035 Exchange: The exchange of an existing, in force life or annuity policy(-ies) for a new annuity policy.

Amount\*

\$45000.00

Payment Method\*

Check payable to Carrier

Payment Method Descriptions

1. Check payable to Carrier: A check made payable to the Carrier.

2. ACH payable to Carrier: Automated clearing house debit to be initiated by the Carrier.

3. CD redemption by Carrier: Carrier will initiate direct movement of money out of the CD by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

4. Mutual fund redemption by Carrier: Carrier will initiate direct movement of money out of the mutual fund by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

5. Other non-insurance exchange: The money is currently invested in a REIT, external brokerage account, or other investment (not a Mutual Fund, CD, or insurance product). The Carrier will initiate direct movement of money from the ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

6. Brokerage Account: Debit (non-qualified) brokerage account

7. Insurance exchange: Carrier will initiate direct movement of money from a life insurance policy or annuity contract by contacting ceding insurance company - if the Money Form is Rollover, then this is a Direct Rollover.

Insurance Replacement Questions

Are you considering discontinuing making premium payments, replacing, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?\*

Yes

☒

No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (This includes taking withdrawals or loans and using these funds to pay premium(s) on a new policy or contract.)\*

Yes

☒

No

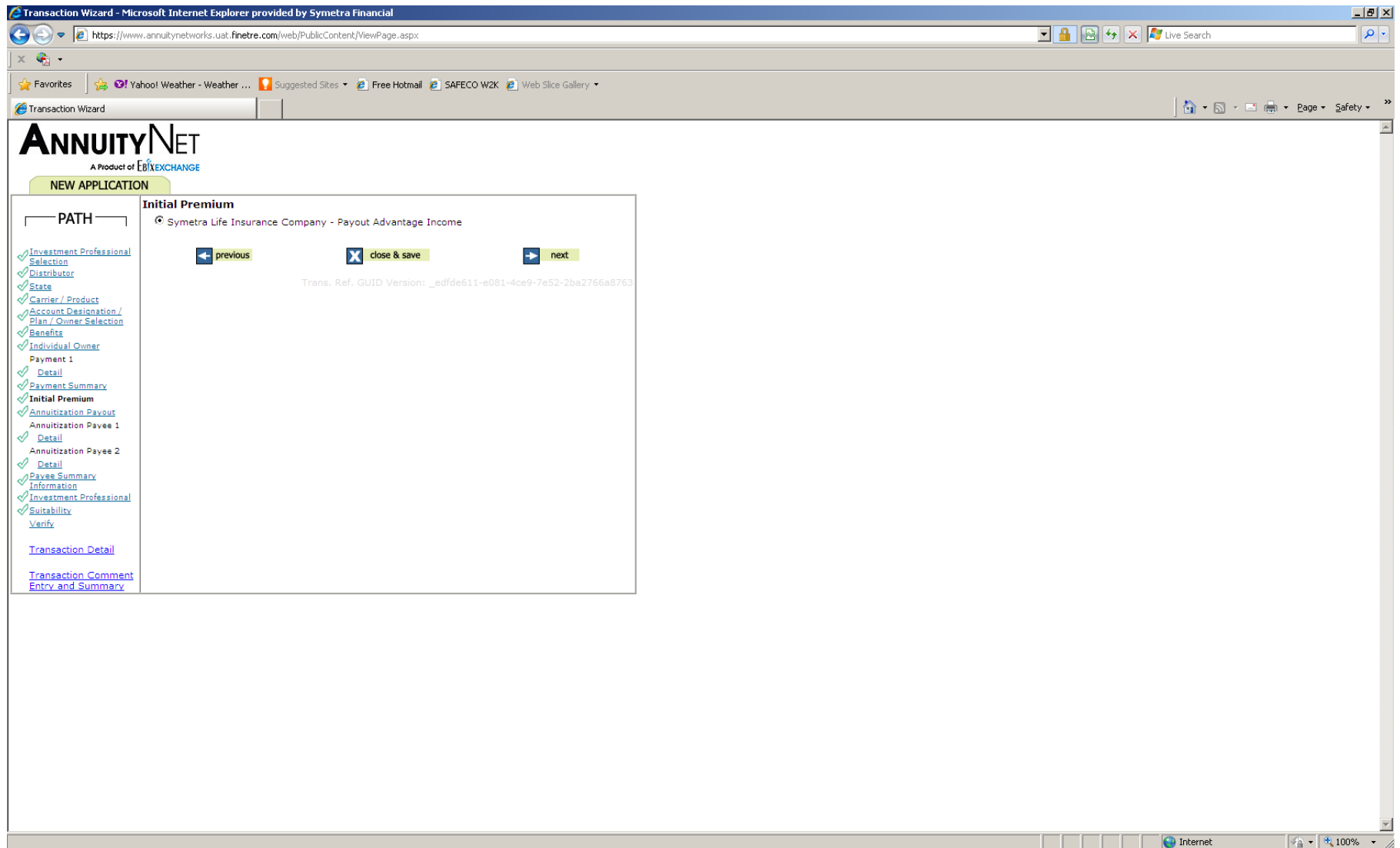
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ANNUITYNET

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NEW APPLICATION

PATH

Investment Professional Selection

Distributor

State

Carrier / Product

Account Designation / Plan / Owner Selection

Benefits

Individual Owner

Payment 1

Detail

Payment Summary

Initial Premium

Annuitization Payout

Annuitization Payee 1

Detail

Annuitization Payee 2

Detail

Payee Summary

Information

Investment Professional

Suitability

Verify

Transaction Detail

Transaction Comment Entry and Summary

Annuitization Payout

Annual Increase Percent

3.5 %

Payout Details

Frequency\*

Monthly

Income Start Date

08112011

(MMDDYYYY format)

Withhold federal income tax from the payout amount?\*

Yes

No

previous

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next

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# ANNUITYNET

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## NEW APPLICATION

PATH

- ✓ Investment Professional Selection
- ✓ Distributor
- ✓ State
- ✓ Carrier / Product
- ✓ Account Designation / Plan / Owner Selection
- ✓ Benefits
- ✓ Individual Owner
- Payment 1
  - ✓ Detail
  - ✓ Payment Summary
  - ✓ Initial Premium
  - ✓ Annuitization Payout
- Annuitization Payee 1
  - ✓ Detail
  - Annuitization Payee 2
    - ✓ Detail
- Additional Information
  - ✓ Payee Summary Information
  - ✓ Investment Professional
  - ✓ Suitability
  - Verify
- Transaction Detail
- Transaction Comment Entry and Summary

**Payee Detail**

**Payee**  
☒ Primary Owner  
☐ Other

**Percentage to Payee**  %

**Payment Method\***

Trans. Ref. GUID Version: \_edfde611-e081-4ce9-7e52-2ba2766a8763

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Internet

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NEW APPLICATION

PATH

Investment Professional Selection

Distributor

State

Carrier / Product

Account Designation / Plan / Owner Selection

Benefits

Individual Owner

Payment 1

Detail

Payment Summary

Initial Premium

Annuitization Payout

Annuitization Payee 1

Detail

Payee Summary

Information

Investment Professional

Suitability

Verify

Verify

Transaction Detail

Transaction Comment Entry and Summary

Investment Professional Information

Client Account Number\*

34343434

First Name

Test

Middle Initial

Last Name

User

SSN

121211212

Phone Number

Firm Name

3S\_AE

Commission Basis\*

Option A

Commission Split

	First Name*	Last Name*	SSN*	Percentage*
Primary Advisor	Test	User	111223333	100 %
Advisor #2				%
Advisor #3				%
Advisor #4				%
Total				100 %

previous

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next

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# ANNUITYNET

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## NEW APPLICATION

PATH

✓ Investment Professional Selection

✓ Distributor

✓ State

✓ Carrier / Product

✓ Account Designation / Plan / Owner Selection

! Benefits

✓ Individual Owner

✓ Joint Owner

✓ Joint Annuitant

Beneficiaries

✓ Beneficiary 1

Payment 1

Detail

✓ Additional Information

✓ Payment Summary

✓ Initial Premium

✓ Annuitization Payout

Annuitization Payee 1

Detail

✓ Payee Summary

Information

✓ Investment Professional

✓ Suitability

✓ Verify

Transaction Detail

Transaction Comment Entry and Summary

### Suitability

**Carrier Questions:**

Please deliver contract to: \*

☐ Agent

☒ Owner

The following questions must be completed before this application is submitted.

Annuity Payment Amount: \*

\$6500.00

Number of Years Certain for Single Life with Installment Refund (If not applicable, enter N/A): \*

n/a

Number of Years Certain for Joint and Survivor Life with Installment Refund (If not applicable, enter N/A): \*

n/a

STATE WITHHOLDING ELECTION:

State Income Tax Withholding: CA, GA, IA, MA, ME, OK, OR, VT, VA are mandatory withholding states and State Income Tax will be withheld according to state requirements if Federal Income Tax is elected.

Do you elect to withhold State Income Tax? \*

☒ Yes

☐ No

I elect to withhold \$ of my taxable distribution (If not applicable, enter 0) \*

\$50.00

I elect to withhold % of my taxable distribution (If not applicable, enter 0) \*

0 %

I elect to withhold percentage of my Federal Income Tax. (If not applicable, enter 0) \*

75 %

JOINT AND SURVIVOR LIFE SURVIVORSHIP PERCENTAGES:

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Symetra Life Insurance Company offers differing survivorship percentages for the primary and joint annuitant. Please enter the new survivorship percentages below if your client wishes to have a different percentage.

Joint and Survivor Life:

If Annuitant survives, payments continue at : Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

Joint and Survivor Life with Period Certain:

If Annuitant survives, payments continue at : Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

Joint and Survivor life with Installment Refund:

If Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

0 %

Joint and Survivor Life with Cash Refund:

If Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

59 %

If Joint Annuitant survives, payments continue at: Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*\*

36 %

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STATEMENTS FOR THE AGENT AND APPLICANT:

Agency's explanation of how this contract serves the Owner's needs: (please choose one)\*

☒ Needs defined income stream

☐ Other/Additional information

If the answer above was Other/Additional information, please explain: (If not applicable, enter N/A)\*

n/a

Until Symetra receives the client-and-agent signed and completed application package:

- Symetra will not issue the contract
- Symetra will not issue the commission payment
- Symetra will not release annuity payments

Completed Application package must include copy of the Quote page generated by the Symetra quote software.

If lifetime income is chosen, application package must include proof of age, such as birth certificate, driver's license, passport, or other government issued document.

PRODUCT SPECIFIC DISCLAIMER:

Symetra Advantage Income Annuity is a single premium immediate annuity and must have a payment start date within 13 months of the purchase date.

I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

I have read and responded to all questions and statements made in the above document.\*

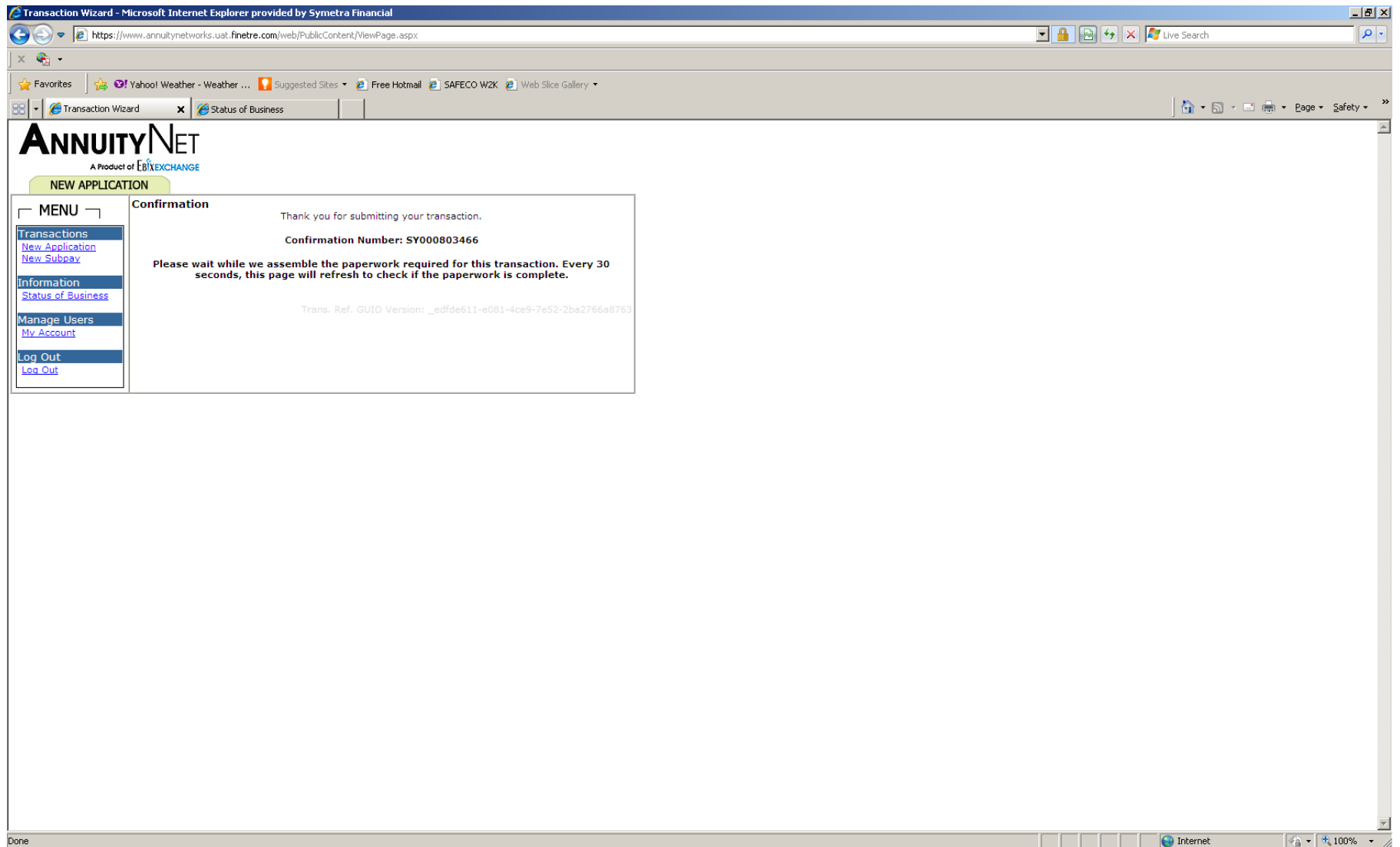
☒ Yes

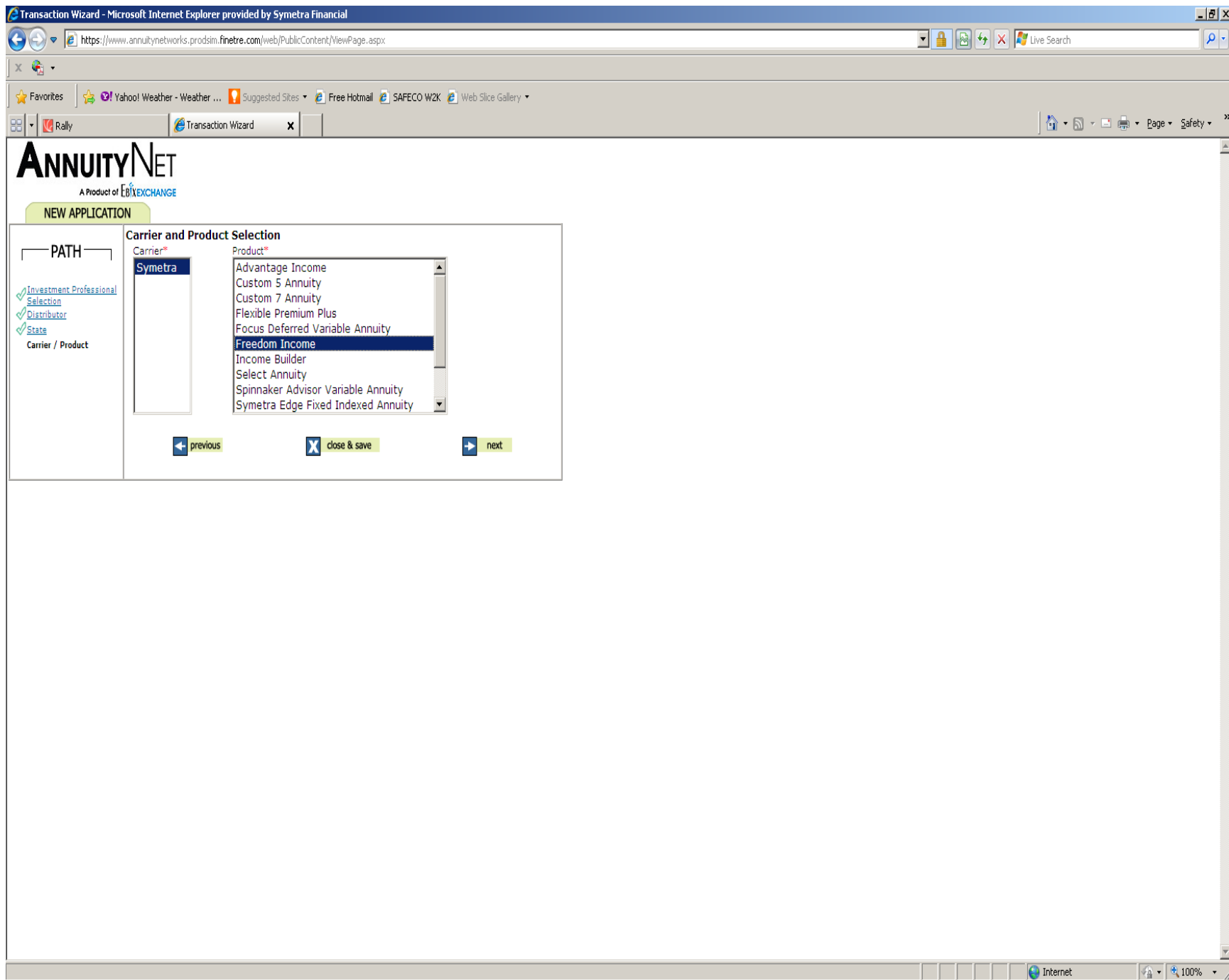
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Done

Internet

100%





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Transaction Wizard

# ANNUITYNET

A Product of EBS EXCHANGE

## NEW APPLICATION

**PATH**

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection**
- Investment Professional Suitability
- Verify

[Transaction Detail](#)

[Transaction Comment Entry and Summary](#)

### Account Designation, Plan, and Owner Type Selection

Account Designation\*

Joint

**Owner**

Trust

UTMA / UGMA

Plan Type\*

**Non Qualified**

Traditional IRA

Owner Type\*

Corporation

**Person**

Trust

Do you own any life insurance policies or annuities?\*

☐ Yes

☒ No

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NEW APPLICATION

PATH

Investment Professional Selection

Distributor

State

Carrier / Product

Account Designation / Plan / Owner Selection

Benefits

Individual Owner

Beneficiaries

Beneficiary 1

Payment 1

Detail

Payment Summary

Investment Professional Suitability

Verify

Transaction Detail

Transaction Comment Entry and Summary

Benefits Selection

Annuitization Options\*

☐ Single Life with Period Certain

☐ Single Life

☐ Single Life with Installment Refund

☒ Single Life with Cash Refund

☐ Joint Life

☐ Joint and Survivor Life with Installment Refund

☐ Joint and Survivor Life with Cash Refund

☐ Joint and Survivor Life with Period Certain

☐ Period Certain

Riders

Death Benefit\*

☒ No Death Benefit During Deferral Period

☐ Provide Death Benefit During Deferral Period

Administrative Rider - Commutation to Beneficiary Option\*

☐ Yes

☒ No

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Transaction Wizard

NEW APPLICATION

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        - Payment Summary
        - Initial Premium
        - Annuitization Payout
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          - Detail
          - Payee Summary
          - Information
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          - Verify
- Transaction Detail
- Transaction Comment Entry and Summary

Individual Owner

First Name\* Jonathan

Middle Name

Last Name\* Swift

Suffix

Gender\* ☒ Male ☐ Female

Date of Birth\* 03311982 (MMDDYYYY format)

Social Security Number\* 222222222 (no dashes)

Physical Street Address (APO or FPO is acceptable) - Required by Patriot Act

Address\* 101 Camelback Rd

City\* Phoenix

State\* Arizona

Zip Code\* 85012 (Zip or Zip+4, no dashes)

Mailing Address (if different from above)

Address

City

State

Zip Code (Zip or Zip+4, no dashes)

Phone Number (no dashes, parentheses, or extensions)

Email Address

Citizenship\* United States

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Transaction Wizard

Payment 1

[Detail](#)

[Payment Summary](#)

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[Annuitization Payee 1](#)

[Detail](#)

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[Information](#)

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[Verify](#)

[Transaction Detail](#)

[Transaction Comment Entry and Summary](#)

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Mailing Address (if different from above)

Address

City

State

Zip Code (Zip or Zip+4, no dashes)

Phone Number (no dashes, parentheses, or extensions)

Email Address

Citizenship\* United States

**Regarding Annuitants**

For the selected account designation / plan type, the annuitant must be the same as the owner.

Is there a Joint Annuitant?\*

☐ Yes

☒ No

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# ANNUITYNET

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## NEW APPLICATION

### PATH

- ✓ Investment Professional Selection
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[Transaction Detail](#)[Transaction Comment Entry and Summary](#)

### Beneficiaries

The total percentage entered for Primary Beneficiaries must equal 100%. Additionally, if there are Contingent Beneficiaries, their total must also equal 100%.

Beneficiary Type\* ☒ Primary ☐ ContingentPercentage\*  %

Irrevocable?\*

- ☐ Yes  
☒ No

First Name Middle Name Last Name Suffix Entity Name Gender ☐ Male ☐ FemaleDate of Birth  (MMDDYYYY format)Social Security Number or Tax Identification Number  (no dashes)Relation To Owner\* 

Clear this Beneficiary Info

Additional Beneficiaries

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# ANNUITYNET

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## NEW APPLICATION

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Beneficiaries

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Detail

Money Form\*

New Money / Contribution

Money Form Descriptions

1. New Money / Contribution: New money or a new contribution into an annuity that is not part of a tax free exchange from another life or annuity policy, IRA or other qualified retirement plan.

2. 1035 Exchange: The exchange of an existing, in force life or annuity policy(-ies) for a new annuity policy.

Amount\*

\$15000.00

Payment Method\*

Check payable to Carrier

Payment Method Descriptions

1. Check payable to Carrier: A check made payable to the Carrier.

2. ACH payable to Carrier: Automated clearing house debit to be initiated by the Carrier.

3. CD redemption by Carrier: Carrier will initiate direct movement of money out of the CD by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

4. Mutual fund redemption by Carrier: Carrier will initiate direct movement of money out of the mutual fund by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

5. Other non-insurance exchange: The money is currently invested in a REIT, external brokerage account, or other investment (not a Mutual Fund, CD, or insurance product). The Carrier will initiate direct movement of money from the ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.

6. Brokerage Account: Debit (non-qualified) brokerage account

7. Insurance exchange: Carrier will initiate direct movement of money from a life insurance policy or annuity contract by contacting ceding insurance company - if the Money Form is Rollover, then this is a Direct Rollover.

8. Qualified Brokerage Account: Debit qualified brokerage account for direct transfer.

Insurance Replacement Questions

Are you considering discontinuing making premium payments, replacing, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?\*

☐ Yes

☒ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (This includes taking withdrawals or loans and using these funds to pay premium(s) on a new policy or contract.)\*

☐ Yes

☒ No

previous

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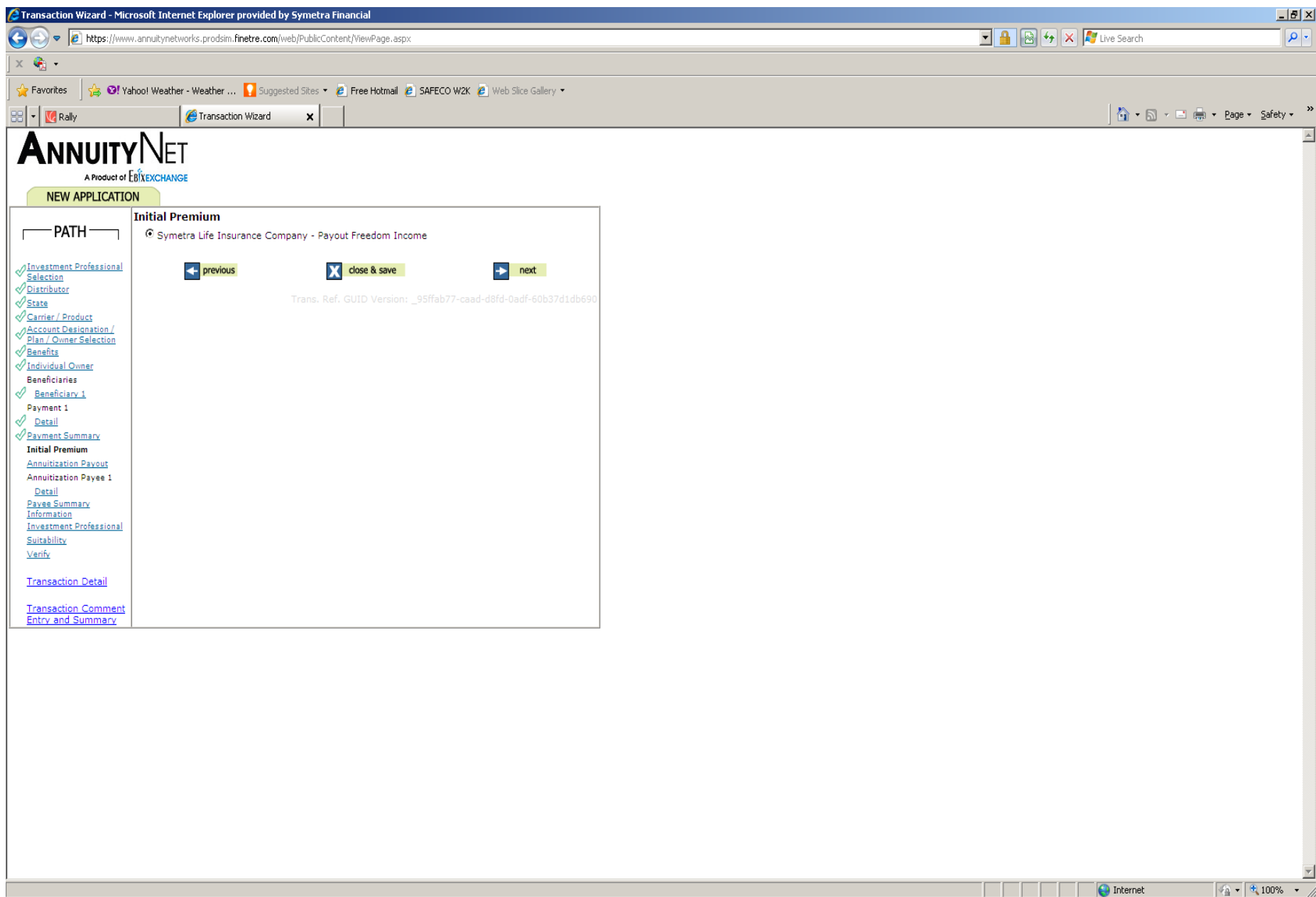
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# ANNUITYNET

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Payment 1

✓ Detail

✓ Payment Summary

✓ Initial Premium

✓ Annuitization Payout

Annuitization Payee 1

✓ Detail

Payee Summary

Information

Investment Professional Suitability

Verify

Transaction Detail

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### Annuitization Payout

Annual Increase Percent  %

### Payout Details

Frequency\*

Income Start Date    (MMDDYYYY format)

Withhold federal income tax from the payout amount?\*

☒ Yes

☐ No

☒ Withhold a specified dollar amount or percentage

\$   %

Dollar Amount or Percentage

☐ Use marital status and exemptions

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Payee Detail

Payee

Primary Owner

Other

Percentage to Payee

100 %

Payment Method\*

Check By Mail

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Payee Summary

Payee	Name	Percent
1	Jonathan Swift	100 %

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Additional Payees

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### Investment Professional Information

Client Account Number\* 35433555

First Name Test

Middle Initial

Last Name Automation

SSN 112233445

Phone Number

Firm Name 3S\_AE

Commission Basis\* Option A

### Commission Split

	First Name*	Last Name*	SSN*	Percentage*
Primary Advisor	Test	Automation	112233445	100 %
Advisor #2				%
Advisor #3				%
Advisor #4				%
Total				100 %

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Suitability

**Carrier Questions:**

Please deliver contract to: \*\*

☐ Agent

☒ Owner

The following questions must be completed before this application is submitted.

Annuity Payment Amount: \*\*

\$300.00

Number of Years Certain for Single Life with Installment Refund (If not applicable, enter N/A): \*\*

N/A

Number of Years Certain for Joint and Survivor Life with Installment Refund (If not applicable, enter N/A): \*\*

N/A

STATE WITHHOLDING ELECTION:

State Income Tax Withholding: CA, GA, IA, MA, ME, OK, OR, VT, VA are mandatory withholding states and State Income Tax will be withheld according to state requirements if Federal Income Tax is elected.

Do you elect to withhold State Income Tax? \*\*

☐ Yes

☒ No

I elect to withhold \$ of my taxable distribution (If not applicable, enter 0) \*\*

\$0.00

I elect to withhold % of my taxable distribution (If not applicable, enter 0) \*\*

0 %

I elect to withhold percentage of my Federal Income Tax. (If not applicable, enter 0) \*\*

0 %

JOINT AND SURVIVOR LIFE SURVIVORSHIP PERCENTAGES:

Symetra Life Insurance Company offers differing survivorship percentages for the primary and joint annuitant. Please enter the new survivorship percentages below if your client wishes to have a different percentage.

Joint and Survivor Life:

If Annuitant survives, payments continue at : Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

Joint and Survivor Life with Period Certain:

If Annuitant survives, payments continue at : Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

Joint and Survivor life with Installment Refund:

If Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

If Joint Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

Joint and Survivor Life with Cash Refund:

If Annuitant survives, payments continue at: Please indicate percentage. (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

If Joint Annuitant survives, payments continue at: Please indicate percentage (100%, 75%, 66.67%, 50%). If not applicable, enter N/A.\*

%

STATEMENTS FOR THE AGENT AND APPLICANT:

## STATEMENTS FOR THE AGENT AND APPLICANT:

Agency's explanation of how this contract serves the Owner's needs: (please choose one)\*

- ☒ Needs defined income stream  
☐ Other/Additional information

If the answer above was Other/Additional information, please explain: (If not applicable, enter N/A)\*

N/A

Until Symetra receives the client-and-agent signed and completed application package:

- Symetra will not issue the contract
- Symetra will not issue the commission payment
- Symetra will not release annuity payments

Completed Application package must include copy of the Quote page generated by the Symetra quote software.

If lifetime income is chosen, application package must include proof of age, such as birth certificate, driver's license, passport, or other government issued document.

## PRODUCT SPECIFIC DISCLAIMER:

Freedom Income is a deferred income annuity and cannot have a payment start date until at least 13 months from the purchase date.

I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

I have read and responded to all questions and statements made in the above document.\*

- ☒ Yes

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